



County of San Diego

ELIZABETH A. POZZEBON
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
FOOD AND HOUSING DIVISION
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AMY HARBERT
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PUBLIC HEALTH PERMIT TO OPERATE A FOOD FACILITY

AFFIDAVIT FOR A VETERAN'S FEE EXEMPTION

Section 16102 of the Business and Professions Code allows every Soldier, Sailor or Marine of the United States, who has received an honorable discharge or a release from active duty under honorable conditions from such service, to hawk, peddle, and vend any goods, wares or merchandise owned by him, (except spirituous, malt, vinous or other intoxicating liquor), without payment of any license, tax, or fee whatsoever, whether municipal, county or state.

To operate a food facility under this exemption, qualified individuals must file this affidavit with the Department of Environmental Health, along with their application for a Public Health Permit to operate a food facility and the supporting documentation listed below.

BUSINESS INFORMATION

Business Name: _____

Business Location: _____
Street # Street Name City Zip Code

Mailing Address (if different than above): _____
Street # Street Name City Zip Code

Business Owner (Veteran): _____

Phone: (____) _____ Email: _____ @ _____

Type of business: _____

Type of food that will be sold: _____

REQUIRED SUPPORTING DOCUMENTATION

- Veterans Service – DD 214 (this document shows honorable discharge)
- Verification of owner – Driver's license or similar
- Proof of Single Ownership of Business (Sole Proprietorship) – Business license, business lease or Board of Equalization identification. Proof of Sole Proprietorship **does not** include Partnerships, Limited Liability Companies (LLC), Incorporations (Inc.) or Corporations (Corp.).

THE FOREGOING IS TRUE OF MY KNOWLEDGE, EXCEPT AS TO THE MATTERS WHICH ARE THEREIN STATED ON MY OWN INFORMATION AND BELIEF, AND AS DO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

I DECLARE UNDER PENALTY OF PERJURY, BY THE LAW OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

Printed Name: _____

Signature: _____

Date: ____/____/____

Please Note: Your application will be processed within five business days. You will be notified if your application is approved or if additional information is required to complete the process. Fees waived upon approval of a Veteran's Exemption only include the standard Plan Check process, Plan Check consultations and the Public Health Permit to operate a food facility. Exemptions will not apply for any fees related to expedited plan review or plan check inspections, after-hours inspections, regrades, additional reinspections, or for late fees.

Please be advised that applicants must meet all requirements before the Veteran's Exemption is granted. If you are going through the Plan Check process or decide to obtain your Public Health Permit before approval of the exemption, any fees paid will not be refunded. Fees will be waived after the exemption is granted.

(Office Use Only)

<input type="checkbox"/> APPROVED:	<input type="checkbox"/> DISAPPROVED
Printed Name: _____	<input type="checkbox"/> Incomplete Documentation Received from the Applicant.
Title: _____	Missing/Incomplete Information:
Signature: _____	_____
Date: ____/____/____	_____

Applicant notified on: ____/____/____ By: _____

Notification done by: ☐ Phone call ☐ Email ☐ In person at the counter